



**Report to the General Assembly on
Performance-Based Contracted
Case Management of Child Welfare Cases**



July 2010

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FORWARD

Child welfare is a complex arena which requires innovative approaches for case managing foster care children. There is a long standing public-private partnership in the delivery of services to Missouri's child welfare population which served as the foundation to the performance based case management contracts. These contracts create an opportunity to increase the coordination of care in hopes of improving outcomes for children. They also allow for shared responsibility, whereby multiple systems can address the complex issues faced by the child welfare population. Both private and public agencies have successfully leveraged foundation and grant funding to bring innovative services to address needs which are not met through government funding streams.

Missouri's performance based contracting is built on a public-private partnership with accredited agencies. The combination of reducing the caseloads of state case managers and limiting, by contract, the number of children private case managers can serve has allowed us to meet national caseload standards across the system. Allowing those working with vulnerable children and families to hold to these caseload standards directly impacts the quality of work done by all to assure child safety, permanency and well-being. Effective 1/14/10, Missouri became one of six state administered child welfare systems to become fully accredited. The adherence to accreditation standards in both the public and private sectors has resulted in a higher quality of care for all children in foster care.

Open communication with contracted providers for problem solving and discovery of best practices is another critical component of Missouri's privatization effort. When agencies work together and share common goals they are also able to more effectively convey the issues and challenges faced by children in foster care.

It is difficult to reflect the benefits of the public-private partnership in the outcomes. The calculation of outcome data in the child welfare arena is very complicated. This is further described in the Outcomes section of this report which addresses a population which may be changing, the transfer of cases between providers, intervening variables such as the courts, the difficulty of identifying appropriate outcome targets, and the need for a longer evaluation period to identify trends.

Improving outcomes for children case managed by private and public staff is the ultimate goal for the public-private partnership. We feel confident this initiative has increased the capacity to provide quality services to vulnerable children and their families. We recommend, assuming the resources available to support this work across the entire system today remain intact, that this initiative continue as is.

Note: This report was compiled in collaboration by Children's Division staff and the Chief Executive Officers/Chief Operating Officers of the private agencies providing case management services.

Introduction

State statute 210.112.6 requires the Children's Division to provide a report to the General Assembly regarding the status of the child welfare case management contracts which includes:

- Details about the specifics of the contracts, including the number of children and families served, the cost to the state for contracting these services, the current status of the children and families served, an assessment of the quality of services provided and outcomes achieved, and an overall evaluation of the project;
- Recommendations regarding the continuation or possible statewide implementation of the project; and,
- Any information or recommendations directly related to the provision of direct services for children and their families as requested by the contracting children's services providers and agencies.

This report includes the outcomes for the first four years of the contract (September 1, 2005-September 30, 2009). Current information will be provided regarding the population served, evaluation, cost, lessons learned, and challenges.

Background

Missouri has a longstanding public-private partnership in the delivery of services to the child welfare population. The Department of Social Services has historically relied on the private sector to deliver services such as residential treatment and mental health services to children and families. In 1988, the Division of Family Services (DFS) began contracting with the private sector for adoption case management services through the adoption recruitment and assessment contracts. The scope of these services was limited, until 1997, when contracts were entered into specifically for foster care and adoption case management services. In 2000, when the contracts were re-bid, there was significant growth in the number of the children case managed through the private sector. However, these contracts were not performance-based. A fee-for-service reimbursement model was utilized.

In 2002, DFS held the first stakeholder meeting to discuss performance-based contracting for the delivery of foster and adoption case management services.¹ Before a contract was fully developed, HB 1453 was enacted. The division was directed to focus its efforts on geographic areas of the state, including Greene County, where children's services providers and agencies were available and capable of providing a broad range of services. The division was required to enter into contracts with qualified providers for the provision of comprehensive service delivery systems for children and families by July 1, 2005. The performance-based contracts were developed through a series of statewide and regional meetings with stakeholders representing the public and private sectors. At the statewide meetings information was provided from the three workgroups which were formed to develop portions of the Request for Proposal (RFP). The workgroups discussed the enrollment process, outcomes, and provider qualifications. Information was also distributed, in writing, to allow the 80 stakeholders statewide an opportunity to provide input on these portions of the RFP.

There was a strong commitment to remove any barriers which would prevent the contractors from being successful in the delivery of case management services. This commitment is evidenced by: an actuary study to develop actuarially sound case rates for case management services; a case rate which was inclusive of all services, including room and board in the 2nd year of the contract, to allow the contractor the greatest amount of flexibility to deliver services specifically designed for a child/family and the ability to provide a continuum of services; awards to provider consortiums to ensure service continuity; one time start up funding to allow contractors time to hire and train case management staff before any cases were assigned; and equalization of caseloads.

The caseload must be reflective of the region's average as some of the expected outcomes are based on historical performance for the region. Assigned caseloads were reflective of the regions average for age of child served, race, sex and length of time in foster care. While the mobility of foster children and the philosophy of one case manager per family made this equalization process very difficult to achieve, these efforts continue to date. The inclusion of room and board in the case rate in the 2nd year of the contract

¹ In August 2003, the Children's Services arm of the Division of Family Services became the Children's Division.

complicated this process as current cost of care must be considered as caseloads are awarded at the beginning of a new contract and as caseloads are rebuilt at the end of each contract year.

The movement from a fee for service model to a performance based contract altered the payment structure considerably. Each contractor receives the base caseload which they were awarded. The base caseload and the percentage of children which are expected to move to permanency in 12 months are used to calculate the total number of additional referrals the consortium will receive throughout the contract year. These additional referrals are new cases, assigned as soon as the child enters care. The contractor is only paid for the base caseload. If they fail to meet the permanency expectation they will serve more children than what they are paid for. If they exceed the permanency expectation they will serve less than what they are paid for. If a child leaves custody but does not meet the permanency criteria, the consortiums are assigned a replacement case on a one for one basis. Therefore, the financial incentive for the contractors is to move a child to a permanent situation as soon as possible since children who reach permanency are not replaced until the end of the contract year through a rebuild process.

Contract Awards

The performance based foster and adoption case management contracts were awarded to seven consortiums effective 6/1/05. Case assignment did not begin until 9/1/05. The contracts were awarded in three regions, St. Louis, Kansas City, and Springfield. Initially cases were only assigned from Greene County, in the Springfield region, to one provider. When the region was expanded to include the 38th and 39th circuits, during the 2nd year, case assignment began to a second contractor.

St. Louis Region Contract Awards

These provider consortiums serve St. Louis City, St. Louis County, St. Charles, and Jefferson counties.

Missouri Alliance Permanency Program <ul style="list-style-type: none"> Missouri Alliance for Children and Families Great Circle MBCH Children and Family Ministries Children's Foundation of Mid-America Every Child's Hope (ECH) 	Children's Permanency Partnership, LLC <ul style="list-style-type: none"> Family Resource Center Epworth Youth in Need Urban Behavioral Health Services 	Catholic Charities <ul style="list-style-type: none"> Good Shepherd Children and Families Bringing Families Together LLC Our Little Haven Lutheran Family and Children Services of Missouri
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Kansas City Region Contract Awards

These provider consortiums serve Jackson, Andrew, Buchanan, and Clay counties.

Cornerstones of Care <ul style="list-style-type: none"> Gillis Center Marillac Center Ozanam Spofford Home MBCH Children and Family Ministries 	Family Advocates, LLC <ul style="list-style-type: none"> Crittenton Children's Center Catholic Charities-Kansas City/St. Joseph
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Springfield Region Contract Awards

These provider consortiums serve Greene, Christian, Taney, Lawrence, Barry and Stone counties.

Southwest Children's Coalition <ul style="list-style-type: none"> • Great Circle • MBCH Children and Family Ministries • Children's Foundation of Mid-America • Missouri Alliance for Children & Families 	Springfield Partners, LLC <ul style="list-style-type: none"> • Alternative Opportunities • Catholic Charities • Good Samaritan Boys Ranch • Lutheran Family and Children Services
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The current contracts were awarded to the initial seven consortiums effective 8/11/08. Three additional contracts were awarded 9/1/08 to serve 12 counties in the central, south central and southwestern portions of the state. The current expiration date of all contracts is 9/30/11.

Central Region Contract Award

This provider serves Boone, Callaway, Randolph, and Howard counties.

Central Children's Coalition <ul style="list-style-type: none"> • Missouri Alliance for Children and Families • Great Circle • MBCH Children and Family Ministries • Children's Foundation of Mid-America

South Central Region Contract Award

This provider serves Camden, Laclede, Phelps, Pulaski, and Texas counties.

Central Children's Coalition <ul style="list-style-type: none"> • Missouri Alliance for Children and Families • Great Circle • MBCH Children and Family Ministries • Children's Foundation of Mid-America

Southwest Region Contract Award

This provider serves Jasper, Newton, and McDonald counties.

Southwest Children's Coalition <ul style="list-style-type: none"> • Missouri Alliance for Children and Families • Great Circle • MBCH Children and Family Ministries • Children's Foundation of Mid-America

As of 4/30/10 the active caseload for private contractors consisted of 2,809 children. This compares to 10,035 children served statewide. Approximately 28% of the foster care population is served through the contracted case management providers.

Children's Division Control Groups

Two "mirror" units, comprised of Children's Division staff who perform case management duties under conditions which replicate the contracts, were established in the Springfield and Kansas City regions. These units were designed to match the contractors on the following criteria:

- Type of caseload served;
- Caseload size;
- Supervisory ratios;

- Staff development expectations; and,
- Random assignment of cases.

The mirror units were not designed to match the contractors on the following:

- Education and experience of staff as existing supervisory units were utilized;
- Salaries of staff;
- Funding for special expenses and purchased services; and,
- Flexibility regarding the types of services purchased due to state procurement rules.

The mirror units allowed an opportunity for early detection of problems with the contract design. In addition, they allowed an opportunity to explore the conditions which are necessary to produce improved child welfare outcomes. Performance of the mirror units was utilized for evaluation purposes for the first four years of the contract. As circuits prepared for COA accreditation caseloads were reduced for all Children's Division staff. Supervisory ratios and staff development expectations were also standardized for all state agency staff. As such, the mirror units no longer served a purpose. The mirror units were disbanded effective 9/30/09.

Evaluations

Independent Evaluation

State statute 210.112.6 requires the Children's Division to assess and evaluate the case management contracts. The University of Missouri-Columbia accepted the opportunity to conduct an independent evaluation, beginning in 2005, and focused on four concentration areas:

- Equalization of initial case load assignments;
- Establishment of "mirror" units within the Division;
- Evaluation of success and barriers of a performance based case management contract; and,
- Recommendations for continued success.

The university began a series of focus groups with stakeholders in March 2006 and completed their work in May 2007. The initial evaluation was concluded with a final report submitted to the Children's Division in June, 2007. The report concluded there "was a strong commitment to the partnership between the CD and the contractors" and "recognition that the strengths of the CD and the strengths of the contractors could work in tandem to create a stronger case management service." "In addition, there was strong recognition that accountability will be improved now that both groups are working with the same outcomes."

While there were issues which emerged during start up, "there was a strong recognition that these glitches were normal when a new initiative begins." The focus groups identified a need for more flexibility to offer creative opportunities in how case management services are approached, additional training, and additional staff to support the public-private partnership. These issues have since been addressed.

Quality Improvement Center (QIC) Grant

The National Quality Improvement Center on the Privatization of Child Welfare Services (QIC PCW) has established an evaluation to study the public-private partnerships occurring around the country. Through a competitive application process, Missouri, Illinois and Florida were selected to participate in this cross-site performance-based contract evaluation which will conclude in September 2010. This project examines the long-term maintenance supports and quality assurance processes needed to successfully implement a performance-based foster care case management contracting system. This evaluation includes surveys, focus groups, data outcome comparisons and written documentation of events as they pertain to performance based contracting. The purpose of the project is to improve child welfare practice in Missouri and provide as much information as possible to other states contemplating or changing to a performance based model for contracted case management services. University of Missouri-Columbia School of Social Work served as the external evaluator for this project through 9/30/09. Due to budget constraints, Children's Division lost the position utilized to support the federal grant which reimbursed the external evaluator. As such, Missouri did not apply for the final year of funding. However, the few

activities which remained pertaining to the cross-site evaluation have and will continue until completion. The final site visit to Missouri was conducted in March, 2010.

Information from the QIC PCW evaluation project has been discussed at national conferences. In April, 2009, staff from the three demonstration sites and the QIC PCW provided a workshop at the 17th National Conference on Child Abuse and Neglect. Representatives from the three demonstration sites and the QIC PCW presented at the 12th National Child Welfare Data and Technology Conference in June, 2009. All three states will present final findings from the evaluation at the 13th National Child Welfare Data and Technology Conference in June, 2010.

Staff from the Children's Division and representatives from several of the consortiums attended the National Summit on Public/Private Partnership, sponsored by the Administration for Children and Families and the QIC PCW, held on September 19-20, 2007, in Chicago, Illinois. The purpose of the summit was to bring together leaders in public child welfare and private provider communities to share innovative strategies and dialogue on effective practices. Seventeen states shared their current structures and strategies for promoting ongoing communication and collaboration between public and private agencies. Missouri representatives participated in two general session presentations. Similar summits were held in Lexington, Kentucky in September, 2008 and St. Louis, Missouri in August, 2009. The three QIC PCW demonstration sites presented information regarding their performance-based contract evaluation. Another summit is planned for August, 2010.

The final planning meeting for this project will be held in June, 2010. Representatives from each of the three demonstration sites and the QIC PCW will meet to discuss the dissemination of information obtained through the QIC PCW evaluation which will likely include publications in professional journals.

Outcomes

The calculation of outcome data in the child welfare arena is very complicated. Case management can transfer from one entity to another during a reporting outcome period. In addition, the targets are difficult to set, which necessitates an evaluation of the outcomes measures over a long period of time. Each performance measure is discussed below.

Permanency

The design of the contract necessitates the transfer of cases at the end of each contract year to rebuild the contractor's caseloads. Case transfers also occur as the result of the rebid process every three years. A change in case managers can delay permanency. The Children's Division and the CEOs for the contracted consortiums have discussed a redesign of the contract to minimize case transfers which disrupt continuity of the case manager. The plan is to redesign the next bid document which would go into effect 10/1/11.

There are variables on the local level which can also impact the permanency measure such as the court's view on terminating parental rights etc. In addition, the population entering care may be changing with the number of children entering care declining for several years. The most drastic decline in the number of children entering care has occurred in St. Louis City, which is 64% privatized. The number of children who entered care in 2002 was 659. This reduced to 249 children in 2009. The permanency measure was based on historical data from 2002 and prior. As such, the permanency target was likely too high as none of the St. Louis providers met it the first three years of the contract. In the 4th year two of the three contractors met or exceeded the permanency expectation. The permanency target for Year 5 was renegotiated with all providers.

In the Kansas City region the contractors and the control group exceeded the target in Year 1, 2 and 3. The permanency target set for this region did not factor in historical data for the children who were under CD supervision only. A presumption was made that these children would move to permanency at the same rate as those who are in the care and custody of CD. In Year 4 the contractors met or exceeded the permanency target. However, the control group did not. Performance overall declined. This is likely due to a decline in the number of supervision only cases as these children move to permanency more frequently.

The permanency target for the Springfield region was based on historical data for Greene County only. This is the only county which was served in the first year of the contract. The contractor met the permanency target in Year 1. The control group did not. In Year 2 a 2nd contractor began providing services. In addition, the contractors provided services in the 38th and 39th circuits, in addition to Greene County. Children in these surrounding circuits move to permanency more frequently. As such, the permanency target should have increased but it was not renegotiated. Both contractors and the control group met the permanency target in Year 2. In Years 3 and 4 the two contractors in the Springfield region met the permanency expectation. The control group did not. Both contractors serve regions around Greene County where more children move to permanency. The control group only served Greene County, with the lowest permanency rate for the region. The permanency expectation for the current contract year increased significantly using a weighted average which included the population served for the whole region.

Stability

The stability target is based on total number of moves for a population which is active during a specified time period, not moves for the year. This results in artificially inflated performance for Year 1 with the measure expected to decline as the moves become cumulative in subsequent contract years, for those cases which remain open. The outcomes for Years 1, 2, and 3 reflect such, with overall performance declining each year. In Year 1 all contractors and control groups exceeded the performance expectation. Only two contractors and one control group met the stability expectation in Year 3. As the contract expanded to 3 regions with the last rebid a decision was made to remove this performance expectation as the situation described above would repeat. The data would not provide an accurate, clear or comparable indicator of performance.

Re-entries into Care

The number of children re-entering care can also be expected to increase in subsequent contract years as the number of children served and the amount of time for re-entries to occur increases. This trend was evident from Year 1 to Year 2, with overall performance declining. However, all contractors, except one, and one of the control groups still met the performance target. All of the contractors and control groups met the performance target in Year 3 and Year 4.

Safety

Trends in performance on the safety measure are also difficult to evaluate as three contractors and one control group had no children who were abused/neglected by their alternative caregiver in Year 1. In Year 2 five contractors and one control group achieved 100% on this performance measure. In Year 3, all contractors and control groups met the performance expectation. In Year 4, only one contractor failed to meet the performance standard.

Resource Development

A performance standard was not developed for this performance measure. Contractors indicated in their proposal the number of homes they planned to develop. In Year 3, two of the contractors did not develop the number of homes they indicated they would in their contract proposal. However, these providers did develop more homes proportionally when compared to contractors serving twice the number of children. As this measure was not designed in a manner to be indicative of performance it was not evaluated for Year 4.

This service has been discussed recently. There is a disincentive for contractors to develop foster homes as the entity which develops the home must continue to provide services for as long as the provider is licensed. On-going activities include quarterly home visits. Discussions are underway to further explore this issue.

Year Three Children's Division Comparison Data

The QIC evaluation compares data across three groups: Contractors; CD control groups (designed to match the contractors on certain criteria); and Children's Division staff serving the contracted regions which were not matched to the contractors on caseload size etc. Year 3 data for the last group was

provided in May, 2010. Comparisons between Children's Division and contractors serving the same region are provided below. However, it should be noted that the caseloads in the public and private sectors have not been examined in recent years. The populations may no longer be comparable with contracted referrals maintained and entries into care declining over time (see Challenges section for additional information).

Contractors were generally more successful in meeting the re-entry target. Children's Division staff serving the St. Louis region exceeded the performance of one of the contractors.

Children's Division staff also exceeded the performance of one of the contractors in the St. Louis region for the permanency expectation. Children's Division performance on permanency exceeded that of both contractors serving the Springfield region. The contractors exceeded performance of Children's Division in the Kansas City region.

Contractors in St. Louis and Kansas City exceeded the performance of Children's Division for the safety measure. However, Children's Division staff exceeded the performance of both contractors in the Springfield region.

The stability measure can not be compared as this is cumulative measure for all of the moves after a child has entered care. Contractors are not responsible for any moves prior to assignment. As such, there is additional time which is measured when calculating this outcome for Children's Division.

This comparison data helps demonstrate the success of the performance based contracts. It also shows that Children's Division staff can be successful providing case management services. One component of COA accreditation is a standard for caseload size. As circuits prepared for their COA on-site reviews caseloads were reduced to meet those standards. These are the same standards specified in the performance based case management contract. A reduction of caseload size has likely been a contributing factor to the successful outcomes for Children's Division.

Cost

Reimbursement needs to be sufficient to meet the true cost of the services provided to children and families. The Children's Division contracted with Mercer Government Human Services Consulting to develop an actuarially sound case rate range for case management services (case management, administrative costs, special expenditures for children, resource funding for the recruitment of foster and adoptive parents, foster care maintenance and residential treatment costs) in selected counties. These rate ranges were used in awarding contracts in 2005 and 2008.

In SFY- 2010, the average annual cost per case was \$23,697, which equated to \$1,975 per month. The annual cost of the contract was \$59.8 million. These costs include case management costs, administration, special expenses for children, resource development, foster care maintenance, and residential treatment services. Attached, on page 16, is a comparison of the costs to the State of Missouri to provide these services directly versus the cost to contract these services. The average annual cost per case when provided directly by the state was \$20,161, reflecting an 18% difference. It should be noted that the cost comparison is a challenge to quantify item for item identically. (i.e. flexible spending, administration costs for a statewide agency vs. those of a small private agency, incentives based on outcomes, etc.)

The cost of these contracts has to be examined in terms of what Missouri has gained as the result. The combination of reducing the caseloads of state case managers and limiting, by contract, the number of children private case managers can serve has allowed us to meet national caseload standards across the system. Allowing those working with vulnerable children and families to hold to these caseload standards directly impacts the quality of work done by all to assure child safety, permanency and well-being. The contracts also contained specific requirements for staff qualifications and services to be provided. As such, the awards were contingent on supervision and quality assurance plans. Finally, they allowed for healthy competition which ultimately improves accountability in any system.

Lessons Learned

- Communication is the most critical component of an effective public-private partnership. In addition to the informal communication which occurs on a regular basis, the Division Director and other key staff from the Children's Division continue to meet with the CEOs of the contracted agencies on a regular basis to remove barriers and discuss strategies to enhance the public-private partnership. Meetings during the first year were held on a monthly basis. In the second year, it was mutually agreed upon to hold these meetings on a quarterly basis. These meetings continue to date.

Quarterly meetings are also held for program managers from the public and private sectors. These meetings provide a forum to work on unresolved issues from the regional Continuous Quality Improvement meetings (described below) and an opportunity to share best practice. Most recently, on 3/10/10, the group discussed strategies to increase parent/child and sibling visitation. Workgroups are formed as needs are identified. Recent workgroups have been formed to discuss the identification of evidence based mental health practitioners and foster youth transitioning to adulthood.

- A Continuous Quality Improvement (CQI) process at the local and regional levels is critical for improved service delivery and collaboration. Local meetings were held on a monthly basis for the first three years of implementation. In the 4th year some of the initial sites decided to meet less frequently. Quality Assurance (QA) representatives from the public and private sectors are now invited to the regional meetings to develop joint QA plans where needed and move the emphasis from process (i.e. implementation issues) to improved quality of services and outcomes for children.
- Joint Quality Assurance efforts are necessary to improve outcomes for Missouri's foster care children. A QA Summit was held for public and private QA specialists in September, 2008 and September, 2009. In addition the QA specialists attended two-day training in February, 2009. This provided an opportunity to collaborate, share ideas for quality assurance and best practice, and tools. QA specialists from the public and private sectors now meet twice per year on-going.
- Designated staff are critical for the implementation and on-going support of the performance based contracts. One oversight specialist is assigned for every 70 contracted cases. Through technical assistance they provide contractors with the tools they need to successfully perform their job functions such as policy updates, training notifications etc. They also support daily functions such as case assignment. In addition, they support accountability. The oversight specialists attend all of the permanency planning reviews and monitor child and placement provider visitation. They also oversee the complaint process to ensure contractors are accountable to community stakeholders for their work.

Challenges

- The plan was to revise the outcome targets after examining performance for the 3rd and final year of the first performance based contract. Due to the conversion to a compliant Statewide Automated Child Welfare Information System (SACWIS), those outcome measures did not become available until the 4th year of the contract. Outcome targets were renegotiated for the 5th year.
- SACWIS compliance continues to be an issue of concern. Private agencies developed case management systems to address their business needs at considerable cost. The state has since implemented a SACWIS compliant case management system which was federally funded. Information can not be dually entered into a SACWIS system and another information system. As such, the state is working to develop an interface from SACWIS to the private provider systems. The private providers will need to accept the information downloaded through the interface which will likely involve additional cost.
- Entries into care have decreased in some counties over time whereby the contracted monthly referrals are not always met. As the case rate is developed consideration is given to the number of cases which will be transferred from each county. As such, there can be a financial impact when cases are selected from another county. The number of children entering care in each county is something which requires monthly monitoring in different areas of the state.

- The equalization process is compromised as contracted referrals increase over time and entries into care continue to decline. In an area such as St. Louis City which is approximately 64% privatized entries into care have dramatically declined resulting in the majority of the new cases being assigned to the contracted providers. As a result the population served by the public and private sectors is likely beginning to skew. This also compromises the ability to compare outcomes.
- The role of the oversight specialists has changed over time and involves a rare mix of technical assistance, quality assurance and advocacy. The movement of case carrying staff to a quality assurance role has been challenging and requires on-going communication and training. In addition statewide quarterly meetings are held.

Recommendation

We recommend, assuming the resources available to support this work across the entire system today remain intact, that this initiative continue as is.

This year, in light of the state's budget outlook, it is important to add an additional point regarding our recommendation. Should consideration be given to substantially reduce state funding to support child welfare caseload standards or this contract, this public-private initiative should be carefully reviewed. This is a risk bearing contract for the providers. Any reduction in the rate per child could compromise a consortium's ability to provide the service. Likewise, any change that would increase the caseloads for state case managers would jeopardize the state's ability to meet national caseload standards, potentially impacting child safety, permanency and well-being for the children we serve.

PBC Outcomes

Contractual Year One (9/1/05-9/30/06)*

Domains	Data Elements	6ZA Missouri Alliance	6ZB Children's Perm Partner	6ZC St. Louis Partners	6ZD Cornerstones of Care	6ZE Family Advocates	6ZF Boys & Girls Town	6ZG Springfield Partners**	6ZH Jackson Co Control Group	6ZI Greene Co Control Group
Re-entries	Total Population	707	704	292	413	224	279	120	199	257
	Re-entries	4	2	0	6	1	3	0	6	0
	Total # Exits	215	216	116	184	110	84	0	110	68
	% did not re-enter care	98.1%	99.1%	100.0%	96.7%	99.1%	96.4%	N/A	94.5%	100.0%
	Target	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%
Stability	#Children w/0, 1 & 2 Moves	654	644	264	385	212	266	120	178	245
	% w/ 2 or less moves	93%	91%	90%	93%	95%	95%	100%	89%	95%
	Target	82%	82%	82%	82%	82%	82%	N/A	82%	82%
Permanency	# Achieving Perm	175	177	91	143	91	67	0	80	52
	% Achieving Perm	25%	25%	31%	35%	41%	24%	0%	40%	20%
	Target	32%	32%	32%	30%	30%	24%	N/A	30%	24%
Resource Homes	# Homes Developed	33	47	56	21	15	24	N/A	N/A	N/A
	# Resource Homes Stated in Proposal	20	52	40	20	50.4	20	35	N/A	N/A
Safety	# Child Abuse/Neglect in Foster Care	1	5	1	2	0	0	0	0	1
	% of Child Abuse/Neglect in Foster Care	99.86%	99.29%	99.66%	99.52%	100%	100%	100%	100%	99.61%
	Target	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%

*Reflects all children referred until 9/30/06, including some cases referred for Contract Year 2, which began October, 2006.

**Springfield Partners began serving children in September, 2006.

PBC Outcomes Report
Contractual Year Two 10/1/06 to 9/30/07

Domains	Data Elements	6ZA Missouri Alliance	6ZB Children's Perm Partner	6ZC St. Louis Partners	6ZD Cornerstones of Care	6ZE Family Advocates	6ZF Boys & Girls Town	6ZG Springfield Partners*	6ZH Jackson Co Control Group	6ZI Greene Co Control Group
Re-entries	Total number of Exits from 10/1/06 to 9/30/07	225	225	77	125	62	83	41	61	84
	Duplicated Re-entries	10	6	3	12	5	2	2	9	5
	% did not re-enter care	95.6%	97.3%	96.1%	90.4%	91.9%	97.6%	95.1%	85.2%	94.0%
	Target (or more)	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%
Stability	Unduplicated Population Active during Yr2	723	728	305	376	174	301	154	169	245
	# Children active during reporting period w/0, 1 & 2 Moves during PBC episode	580	584	246	313	158	257	137	134	210
	% w/ 2 or fewer moves	80%	80%	81%	83%	91%	85%	89%	79%	86%
	Target (or more)	82%	82%	82%	82%	82%	82%	82%	82%	82%
Permanency	Duplicated Population Active during Yr 2	732	733	307	387	179	303	156	178	250
	# Achieving Perm	225	225	77	125	62	83	41	61	84
	% Achieving Perm	31%	31%	25%	32%	35%	27%	26%	34%	34%
	Target (or more)	32%	32%	32%	30%	30%	24%	24%	30%	24%
Safety	Unduplicated Population Active during Yr2	723	728	305	376	174	301	154	169	245
	# CA/N in Foster Care	0	0	0	0	2	0	1	0	1
	% of CA/N in Foster Care	0.00%	0.00%	0.00%	0.00%	1.15%	0.00%	0.65%	0.00%	0.41%
	% No CA/N in Foster Care	100.00%	100.00%	100.00%	100.00%	98.85%	100.00%	99.35%	100.00%	99.59%
	Target (or more)	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%
Resource Homes	# Homes Developed in Yr 2	34	56	55	34	9	38	15	N/A	N/A
	# Resource Homes Stated in Proposal	20	52	40	20	50.4	20	35	N/A	N/A

*Springfield Partners began serving children in September, 2006

PBC Outcomes Report
Contractual Year Three 10/1/07 to 9/30/08

Domains	Data Elements	6ZA Missouri Alliance	6ZB Children's Perm Partner	6ZC St. Louis Partners	6ZD Cornerstones of Care	6ZE Family Advocates	6ZF Boys & Girls Town	6ZG Springfield Partners	6ZH Jackson Co Control Group	6ZI Greene Co Control Group
Re-entries	Total number of Exits rom 10/1/07 to 9/30/08	225	193	93	170	86	113	52	80	69
	Duplicated Re-entries	18	6	5	8	4	0	1	3	5
	% did not re-enter care	92.0%	97.4%	94.6%	95.3%	95.3%	100.0%	98.1%	96.2%	92.8%
	Target (or more)	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%
Stability	Unduplicated Population Active during Yr 3	778	770	333	490	258	407	213	237	310
	# Children active during reporting period w/0, 1 & 2 Moves during PBC episode	609	611	257	388	208	333	184	194	249
	% w/ 2 or fewer moves	78%	79%	77%	79%	81%	82%	86%	82%	80%
	Target (or more)	82%	82%	82%	82%	82%	82%	82%	82%	82%
Permanency	Duplicated Population Active during Yr 3	779	770	333	490	258	407	213	237	311
	# Achieving Perm	225	193	93	170	86	113	52	80	69
	% Achieving Perm	29%	25%	28%	35%	33%	28%	24%	34%	22%
	Target (or more)	32%	32%	32%	30%	30%	24%	24%	30%	24%
Safety	Unduplicated Population Active during Yr 3	778	770	333	490	258	407	213	237	310
	# CA/N in Foster Care	1	1	0	0	0	2	1	0	0
	% of CA/N in Foster Care	0.13%	0.13%	0.00%	0.00%	0.00%	0.49%	0.47%	0.00%	0.00%
	% No CA/N in Foster Care	99.87%	99.87%	100.00%	100.00%	100.00%	99.51%	99.53%	100.00%	100.00%
	Target (or more)	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%
Resource Homes	# Homes Developed in Yr 3	92	73	45	39	37	49	31	N/A	N/A
	# Resource Homes Stated in Proposal	20	52	40	20	50.4	20	35	N/A	N/A

Outcomes Report Cont.

CD Outcomes for Contractual Year Three 10/1/07 to 9/30/08

Domains	Data Elements	St. Louis Region	Kansas City Region	Springfield Region
Re-entries	Total number of Exits from 10/1/07 to 9/30/08	468	572	323
	Duplicated Re-entries	35	32	19
	% did not re-enter care	92.5%	94.4%	94.1%
	Target (or more)	91.4%	91.4%	91.4%
Stability	Unduplicated Population Active during Yr 3	1850	1400	1058
	# Children active during reporting period w/0, 1 & 2 Moves during PBC episode	935	747	502
	% w/ 2 or fewer moves	51%	53%	47%
	Target (or more)	82%	82%	82%
Permanency	Duplicated Population Active during Yr 3	1859	1403	1059
	# Achieving Perm	483	427	320
	% Achieving Perm	26%	30%	30%
	Target (or more)	32%	30%	24%
Safety	Unduplicated Population Active during Yr 3	1850	1400	1058
	# CA/N in Foster Care	8	2	0
	% of CA/N in Foster Care	0.43%	0.14%	0.00%
	% No CA/N in Foster Care	99.57%	99.86%	100.00%
	Target (or more)	99.43%	99.43%	99.43%

PBC Outcomes Report

Contractual Year Four 10/1/08 to 9/30/09

Domains	Data Elements	6ZA Missouri Alliance	6ZB Children's Perm Partner	6ZC St. Louis Partners	6ZD Cornerstones of Care	6ZE Family Advocates	6ZM Southwest Children's Coalition (Spgd)	6ZG Springfield Partners	6ZH Jackson Co Pilot	6ZI Greene Co Pilot
Re-entries	Total number of Exits from 10/1/08 to 9/30/09	232	151	116	131	62	71	43	86	38
	Duplicated Re-entries	15	12	6	7	5	5	3	2	1
	% did not re-enter care	93.5%	92.1%	94.8%	94.7%	91.9%	93.0%	93.0%	97.7%	97.4%
	Target (or more)	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%
Permanency	Duplicated Population Active during Yr 4	915	543	459	460	231	420	204	220	282
	# Achieving Perm	325	174	126	138	71	123	62	54	59
	% Achieving Perm	36%	32%	27%	30%	31%	29%	30%	25%	21%
	Target (or more)	32%	32%	32%	30%	30%	24%	24%	30%	24%
Safety	Unduplicated Population Active during Yr 4	915	541	458	460	230	420	204	219	282
	# CA/N in Foster Care	0	1	1	1	0	0	3	0	0
	% of CA/N in Foster Care	0.00%	0.18%	0.22%	0.22%	0.00%	0.00%	1.47%	0.00%	0.00%
	% No CA/N in Foster Care	100.00%	99.82%	99.78%	99.78%	100.00%	100.00%	98.53%	100.00%	100.00%
	Target (or more)	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%	99.43%

PBC Outcomes Report Cont.
Contractual Year Four 10/1/08 to 9/30/09

Domains	Data Elements	6ZJ Central Children's Coalition (Central)	6ZK Central Children's Coalition (South Central)	6ZL Southwest Children's Coalition (Southwest)
Re-entries	Total number of Exits from 10/1/08 to 9/30/09	23	40	51
	Duplicated Re-entries	1	1	0
	% did not re-enter care	95.7%	97.5%	100.0%
	Target (or more)	91.4%	91.4%	91.4%
Permanency	Duplicated Population Active during Yr 4	148	164	147
	# Achieving Perm	38	37	61
	% Achieving Perm	26%	23%	41%
	Target (or more)	30%	36%	31%
Safety	Unduplicated Population Active during Yr 4	148	163	147
	# CA/N in Foster Care	0	0	0
	% of CA/N in Foster Care	0.00%	0.00%	0.00%
	% No CA/N in Foster Care	100.00%	100.00%	100.00%
	Target (or more)	99.43%	99.43%	99.43%

Cost Comparison for State vs Contract for FY 10

	Case Management	Admin.	Special Expenses	Resource Develop.	Foster Care Rate	RTS & Specialized Care Contract	Total Annual Rates
Cost Comparison submitted for FY 10*							
State Cost	\$5,172	\$309	\$518	\$1,198	\$4,308	\$8,656	\$20,161
Contract	\$7,003	\$1,511	\$1,477	\$750	\$5,089	\$7,867	\$23,697
Difference	\$1,831	\$1,202	\$959	(\$448)	\$781	(\$789)	\$3,536
						Contract Amount as a % of State Cost	118%

* It should be noted that the cost comparison is a challenge to quantify item for item identically. (i.e. flexible spending, administration costs for a statewide agency vs. those of a small private agency, incentives based on outcomes, etc.) This rate does not reflect actual costs of the contractors, rather the rate paid to them by the state. Contractors can and do use this rate to supplement other expenditures on the children that they case manage.